## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

091927600

Effective January 1, 2005									0 1	11	010	04	
				S FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	_	RATE		
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		ASIC FE			BASIC FE	<del></del>	
TOTAL CHARGEABLE CLAIMS			<del> </del>	ninus 20=	*				Ψ37	أما	DASIC FE	\$130	
╟	NDEPENDENT (		*				X\$ 9=	ļ	. Of	X\$18=	:		
ļ	ULTIPLE DEPE		minus 3 =				X42=		OF	X84=			
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*	If the difference	e in column 1 is	s less than	ess than zero, enter "0" in column 2				OTAL	1	OF	<u> </u>		
	CLAIMS AS AMENDED - PART II								<b></b>			R THAN	
_	Service to the service of	(Column 1)	100 100 100 100 100 100 100 100 100 100	(Column 2) (Column 3)				SMALL ENTITY				ENTITY	
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	f	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	. 26	Minus	1 2	0	= 6	\ \ \ \	(\$ 9=		OR	X\$18=	108	
	Independent	. 6	Miņus	*** &	>	= /		 (42=		1	X84=	84	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<u> </u>	OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	187	
						+	140=		OR	+280=	•		
				•			ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	192	
		(Column 1) CLAIMS	TATES STATES	(Colum		(Column.3)		يعدنسية		_			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
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		•						40=		OR	+280=		
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE		
	Strawer to 1879	(Column 1) CLAIMS	retarie a crem	(Column		(Column 3)							
T T T		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RA	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus .	***		=	X4	2-		ŀ			
1	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT C	LAIM		F^4			OR	X84=		
• If	If the entry in column 1 is less than the entry in column 2; write "0" in column 3.									OR	+280=		
***	the "Highest Nun	nber Previously Pain nber Previously Pain per Previously Paid	d For" IN THIS id For" IN THIS	S SPACE is le: S SPACE is le	ss than	20, enter "20."	ADDIT.				TOTAL DDIT. FEE		